



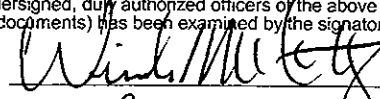
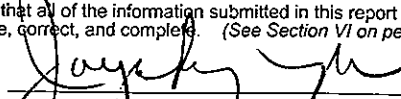
FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP

Form Approved
Office of Management and Budget
No. 1215-0188
Expires: 11-30-2002

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only  E		1. FILE NUMBER 506 - 435	2. PERIOD COVERED From MO DAY YEAR 01 01 2001 Through 12 31 2001	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: <input type="checkbox"/> (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: <input type="checkbox"/> (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here: <input type="checkbox"/>
JAYE RYKUNYK (2) 506-435 HOTEL EMPL, RESTAURANT EMPL AFL-CIO 331 LU 17 312 CENTRAL AVE S E RM 444 MINNEAPOLIS, MN 55414 12/2001 			8. MAILING ADDRESS First Name JAYE Last Name RYKUNYK P.O. Box - Building and Room Number (if any) Number and Street 312 CENTRAL AVE S E RM 4 City MINNEAPOLIS State ZIP Code + 4 MN 55414 - 	
4. AFFILIATION OR ORGANIZATION NAME HOTEL EMPL, RESTAURANT EMPL AFL-CIO				
5. DESIGNATION (Local, Lodge, etc.) LU		6. DESIGNATION NUMBER 17		
7. UNIT NAME (if any)				
9. Are your organization's records kept at its mailing address? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (If "No," provide address in Item 75.)				
75. ADDITIONAL INFORMATION				
Item Number				
Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)				
76. SIGNED:  2-15-02 Date		PRESIDENT (If other title, see instructions.) 612-379-4730 x15 Telephone Number		77. SIGNED:  2-15-02 Date
				TREASURER (If other title, see instructions.) 612-379-4730 x13 Telephone Number

During the Reporting Period Did Your Organization:

- | | | |
|--|-------------------------------------|-------------------------------------|
| | Yes | No |
| 10. Have a "subsidiary organization" as defined in Section X of the instructions?..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Have a political action committee (PAC) fund? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 15. Discover any loss or shortage of funds or other property?
(Answer "Yes" even if there has been repayment or recovery.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 17. Liquidate or reduce any liabilities without disbursement of cash? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

(If the answer to any of the above questions is "Yes," provide details in Item 75 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 3 1 6 4
19. What is the date of your organization's next regular election of officers? MO 1 0 YEAR 2 0 0 2
20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 1 0 0 0 0 0
21. What are your organization's rates of dues and fees?
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ 29.05-31.05 per MONTH (Month, Year, etc.)
(b) Initiation Fees	\$ 44.05-94.05
(c) Transfer Fees	\$.25
(d) Work Permits	\$ 1.25-2.00 per APPEARANCE (Month, Year, etc.)

22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions?
(If the constitution and bylaws or practices/procedures have changed, see the instructions.) Yes ☐ No ☒
23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? ☐ ☒
24. Did your organization have any contingent liabilities at the end of the reporting period? ☐ ☒

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75.)

STATEMENT A - ASSETS AND LIABILITIES

FILE NUMBER: 5 0 6 - 4 3 5

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only -- Do Not Enter Cents

	ASSETS	From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
	Item			
ASSETS	25. Cash.....	1	1 1 2 3 4 7	2 3 0 4 7 3
	26. Accounts Receivable.....		0	0
	27. Loans Receivable.....		0	0
	28. U.S. Treasury Securities.....		0	0
	29. Investments.....	2	0	0
	30. Fixed Assets.....	5	8 9 8 0 9	1 0 9 1 3
	31. Other Assets.....	3	1 6 2 3 8	1 6 8 6 3
	32. TOTAL ASSETS.....		2 1 8 3 9 4	2 5 8 2 4 9
LIABILITIES	33. Accounts Payable.....	8	0	0
	34. Loans Payable.....		0	0
	35. Mortgages Payable.....		0	0
	36. Other Liabilities.....		0	0
	37. TOTAL LIABILITIES.....		0	0
	38. NET ASSETS (Item 32 less Item 37).....		2 1 8 3 9 4	2 5 8 2 4 9

STATEMENT B - RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 5 0 6 - 4 3 5

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only -- Do Not Enter Cents

CASH RECEIPTS	From SCH #	AMOUNT	CASH DISBURSEMENTS	From SCH #	AMOUNT
Item			Item		
39. Dues.....		1 1 7 9 2 6 2	56. To Officers.....	9	1 9 1 2 7 3
40. Per Capita Tax.....		0	57. To Employees.....	10	3 0 7 8 8 3
41. Fees.....		0	58. Per Capita Tax.....		5 6 1 8 3 7
42. Fines.....		0	59. Fees, Fines, Assessments, etc.		0
43. Assessments.....		0	60. Office & Administrative Expense...	13	1 5 3 6 1
44. Work Permits.....		1 7 7 1 2 8	61. Educational & Publicity Expense...		1 9 4 4
45. Sale of Supplies.....		0	62. Professional Fees.....		3 1 7 5 6
46. Interest.....		6 3 3 7	63. Benefits.....	11	1 2 3 5 4 0
47. Dividends.....		0	64. Contributions, Gifts & Grants.....	12	1 9 7 4 3
48. Rents.....		0	65. Supplies for Resale.....		0
49. Sale of Investments & Fixed Assets.....	6	8 9 8 3 1	66. Direct Taxes.....		6 9 8 9 4
50. Loans Obtained.....	8	0	67. Withholding Taxes.....		1 6 8 3 8 7
51. Repayments of Loans Made.....	1	0	68. Purchase of Investments & Fixed Assets.....	7	0
52. On Behalf of Affiliates for Transmittal to Them.....		0	69. Loans Made.....	1	0
53. From Members for Disbursement on Their Behalf....		0	70. Repayment of Loans Obtained.....	8	0
54. Other Receipts.....	14	4 2 1 1 2 9	71. To Affiliates of Funds Collected on Their Behalf.....		0
			72. On Behalf of Individual Members...		0
			73. Other Disbursements.....	15	2 6 3 9 5 3
55. TOTAL RECEIPTS.....		1 8 7 3 6 8 7	74. TOTAL DISBURSEMENTS		1 7 5 5 5 7 1

Enter Amounts in Dollars Only -- Do Not Enter Cents

SCHEDULE 1 – LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.					
2.					
3.					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above	0	0	0	0	0
6. Totals of Lines 1 through 5	0	0	0	0	0
The totals from Line 6 are entered in..... Item 27 Item 69 Item 51 Item 75 Item 27 Column (A) with Explanation Column (B)					

SCHEDULE 2 - INVESTMENTS **(OTHER THAN U.S. TREASURY SECURITIES)**

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	0
2. Total Book Value	0
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2. (a) None	0
(b)	
(c)	
(d)	
Other Investments	
4. Total Cost	0
5. Total Book Value	0
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached. (a) None	0
(b)	
(c)	
(d)	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	0
The total from Line 7 is entered in Item 29, Column (B)	

FILE NUMBER: 5 0 6 - 4 3 5

SCHEDULE 3 - OTHER ASSETS

Description (A)	Book Value (B)
1. BOND DEPOSITS	1 5 0 0 0
2. P/R W/H OVERPAYMENT	5 6 3
3. NON-MARKETABLE SECURITIES	1 3 0 0
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	1 6 8 6 3
The total from Line 7 is entered in Item 31, Column (B)	

SCHEDULE 4 - OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. NONE	0
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	0
The total from Line 7 is entered in Item 36, Column (D)	

SCHEDULE 5 - FIXED ASSETS

FILE NUMBER: 5 0 6 - 4 3 5

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location): None	0		0	0
2. Totals from additional pages (if any)				
3. Buildings (give location): None	0	0	0	0
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles	0	0	0	0
6. Office Furniture and Equipment	1 1 9 9 6 6	1 0 9 0 5 3	1 0 9 1 3	1 0 9 1 3
7. Other Fixed Assets	0	0	0	0
8. Totals of Lines 1 through 7	1 1 9 9 6 6	1 0 9 0 5 3	1 0 9 1 3	1 0 9 1 3
The total from Line 8, Column (D) is entered in..... Item 30, Column (B)				

SCHEDULE 6 - SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1. BUILDING, 4335 3RD AVE S, MPLS, MN	7 5 5 0 0	7 5 5 0 0	1 0 2 0 0 0	8 9 8 3 1
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5	7 5 5 0 0	7 5 5 0 0	1 0 2 0 0 0	8 9 8 3 1
7. Less Reinvestments				0
8. Net Sales				8 9 8 3 1
The total from Line 8 is entered in Item 49				

SCHEDULE 7 – PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 5 0 6 - 4 3 5

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. None	0	0	0
2.			
3.			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5	0	0	0
	7. Less Reinvestments		0
	8. Net Purchases		0
The total from Line 8 is entered in Item 68			

SCHEDULE 8 -- LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. None	0	0	0	0	0
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5	0	0	0	0	0
The total from Line 6 is entered in Item 34 Item 50 Item 70 Item 75 Item 34 Column (C) with Explanation Column (D)					

SCHEDULE 9 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 506 - 435

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small>		Status (C)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>							
1.	SIMMONS TIMOTHY EXEC BOARD	N	0	990	0	0	990
2.	LUNEBERG WADE EXEC BOARD	C	3600	1150	279	0	5029
3.	BERGWICK NANCY TRUSTEE	C	0	1200	0	0	1200
4.	GEELAN TIM TRUSTEE	P	14160	0	936	0	15096
5.	FOSSSEN LAURIE TRUSTEE	C	0	1250	154	0	1404
6.	MCCARTHY WILLIAM PRESIDENT	C	50388	0	3494	0	53882
7.	GOFF MARTIN VICE PRESIDENT	C	47736	0	1478	0	49214
8. Totals from additional pages (if any)			148857	2000	9398	0	160255
9. Totals of Lines 1 through 8			264741	6590	15739	0	287070
					10. Less Deductions	95797	
The total from Line 11 is entered in Item 56					11. Net Disbursements	191273	

*Code for Status (C): past officer - P; continuing officer - C; new officer during the reporting period - N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75.)

SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 5 0 6 - 4 3 5

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
1. ESPINOZA BUSINESS AGENT URIEL	3 7 5 0 0	0	1 6 3 5	0	3 9 1 3 5
2. HARWELL RESEARCH BLAKE	3 4 9 5 0	0	1 3 8 3	0	3 6 3 3 3
3. SHAUGHNESSY COMM OUTREACH CATHERI	2 7 7 9 0	0	2 6 2 1	0	3 0 4 1 1
4. WEBER BUSINESS AGENT DAWN	1 4 1 0 5	0	8 9 5	0	1 5 0 0 0
5. KEARNEY ORGANIZER ALAN	5 0 9 9 3	0	5 4 7	0	5 1 5 4 0
6. Totals from additional pages (if any)	2 2 5 3 7 0	0	7 0 3 7	0	2 3 2 4 0 7
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates	3 1 6 2 2	0	4 9	0	3 1 6 7 1
8. Totals of Lines 1 through 7	4 2 2 3 3 0	0	1 4 1 6 7	0	4 3 6 4 9 7
			9. Less Deductions	1 2 8 6 1 4	
The total from Line 10 is entered in Item 57			10. Net Disbursements	3 0 7 8 8 3	

SCHEDULE 11 - BENEFITS

FILE NUMBER: 5 0 6 - 4 3 5

Description (A)	To Whom Paid (B)	Amount (C)
1. HEALTH, DENTAL, LIFE, DISABILITY	TRUST FUND	7 6 6 1 3
2. PENSION	TRUST FUND	4 6 9 2 7
3.		
4.		
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		1 2 3 5 4 0
The total from Line 6 is entered in Item 63		

SCHEDULE 12 - CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. DIAMOND SERVICE AWARDS	1 0 0 0
2. NEIGHBORHOOD FOOD SHELF	1 0 0
3. BOWL FOR KIDS	1 0 0
4. SOMALI COMMUNITY	5 0
5. COURAGE CENTER	1 0 0
6. GIFTS & MORE RAINBOW	1 5 9 3
7. Total from additional pages (if any)	1 6 8 0 0
8. Total of Lines 1 through 7	1 9 7 4 3
The total from Line 8 is entered in Item 64	

SCHEDULE 13 - OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. DELL MARKETING	9 9 1
2. GLENWOOD ENGLEWOOD	5 4 0
3. PODANYS	4 9 3
4. AVANA BUSINESS CARD	1 1 7 3
5. AVAYA	7 1
6. BITSTREAM UNDERGROUND	2 1 2 0
7. Total from additional pages (if any)	9 9 7 3
8. Total of Lines 1 through 7	1 5 3 6 1
The total from Line 8 is entered in Item 60	

**SCHEDULE 14 -
OTHER RECEIPTS**

Description (A)	Amount (B)
1. BUIEL BENEFITS	7 5 0
2. INT ORGANIZING SUBSIDY	3 2 2 5 7 0
3. INITIATIONS	7 4 3 3 2
4. REIMBURSEMENTS & REFUNDS	9 9 2 6
5. OTHER MISC INCOME	5 4 2
6. REINSTATEMENTS	1 1 5 6 0
7. REIMB FROM OTHER LOCALS	1 4 4 9
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	4 2 1 1 2 9
The total from Line 17 is entered in Item 54	

**SCHEDULE 15 -
OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. P/R W/H-GARNISHMENTS	1 5 6 0
2. P/R W/H-DUES #17	5 8 2 7
3. P/R W/H-OTHER LOCALS	7 0 0
4. P/R W/H-UNITED WAY MPLS	1 9 3 0
5. P/R W/H-CHILD SUPPORT	8 8 4 0
6. P/R W/H-UNITED WAY ST PAUL	7 2 8
7. P/R W/H-CREDIT UNION	1 4 7 5
8. P/R W/H-401K	3 3 2 2 4
9. P/R W/H-HERE TIP	6 9 5
10. P/R W/H-DUES #12	1 3 9 5
11. P/R W/H-LEVY	2 7 4
12. AFFILIATION FEE	7 9 6 6
13. STEWARDS	2 0 0 0
14. ARBITRATION	8 7 0
15. BANK FEES	1 3 9
16. Total from additional pages (if any)	1 9 6 3 3 0
17. Total of Lines 1 through 16	2 6 3 9 5 3
The total from Line 17 is entered in Item 73	

ORGANIZATION NAME:
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

FILE NUMBER: 5 0 6 - 4 3 5

ENDING DATE OF PERIOD COVERED:
12/31/2001

SCHEDULE 9 – ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
RYKUNYK JAYE SECRETARY-TREAS	C	4 5 0 8 4	0	4 3 3 7	0	4 9 4 2 1
SILK-LECKIE RITA EXEC BD-BUS AGT	C	2 2 6 6 3	4 0 0	8 9 1	0	2 3 9 5 4
MCGOWEN DAN EXEC BD-BUS AGT	C	4 0 5 5 5	0	1 9 3 2	0	4 2 4 8 7
GOLDMAN NANCY EXEC BD-BUS AGT	C	4 0 5 5 5	0	2 2 2 9	0	4 2 7 8 4
OLSON ROXANNE EXEC BD	P	0	4 0 0	0	0	4 0 0
KING DESIREE EXEC BOARD	C	0	1 2 0 0	9	0	1 2 0 9

ORGANIZATION NAME:
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

FILE NUMBER: 5 0 6 - 4 3 5

ENDING DATE OF PERIOD COVERED:
12/31/2001

SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
CID	KAY	2 9 2 9 0	0	1 8 1 2	0	3 1 1 0 2
ORGANIZER						
HASSON	IFCON	1 1 1 5 0	0	0	0	1 1 1 5 0
ORGANIZER						
WIENER	JOSHUA	1 5 5 5 0	0	9 0 5	0	1 6 4 5 5
BUSINESS AGENT						
VIGLIO	LUCIA	2 6 2 0 0	0	1 9 1 6	0	2 8 1 1 6
ORGANIZER						
MAKARIOS	JOSHUA	3 2 4 5 0	0	2 4 0 4	0	3 4 8 5 4
ORGANIZER						

ORGANIZATION NAME:
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

FILE NUMBER: 5 0 6 - 4 3 5

ENDING DATE OF PERIOD COVERED:
12/31/2001

SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
PETERS	LEANNE	3 6 6 0 4	0	0	0	3 6 6 0 4
OFFICE						
THORSON	MARTHA	3 7 6 5 5	0	0	0	3 7 6 5 5
OFFICE						
DRISCLL	BETTY	3 6 4 7 1	0	0	0	3 6 4 7 1
OFFICE						

ORGANIZATION NAME:
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

FILE NUMBER: 5 0 6 - 4 3 5

ENDING DATE OF PERIOD COVERED:
12/31/2001

SCHEDULE 12 – CONTRIBUTIONS, GIFTS & GRANTS (continued)

Description (A)	Amount (B)
ISAIAH	1 0 0
MN CITIZENS FOR TAX JUSTICE	5 0
MIDWEST CHILDRENS RESOURCE	1 0 0
MN CHAPTER GDA	5 0
NURSES STRIKE FD	1 0 0
WELFARE RIGHTS COALITION	1 0 0
MN FAIR TRADE COALITION	1 7 0
NELLIE STONE SCHOLARSHIP FD	6 0 0
NAT INTERFAITH COMMITTEE	1 0 0
N.Y HERE ASSISTANCE FUND	1 0 0 0 0
RAINBOW FOODS	2 7 5 0
RICHARD HECK RETIRE DINNER	5 0 0
SAHAN TV	5 0
SALVADORAN AMER HEALTH	5 0 0
SECOND HARVEST FOOD BANK	1 0 0
ST PAUL TRADES & LABOR	3 0 0
UAW LOC 879 SOLIDARITY FD	1 0 0
OTHER MISC	1 1 3 0

ORGANIZATION NAME:
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

FILE NUMBER: 5 0 6 - 4 3 5

ENDING DATE OF PERIOD COVERED:
12/31/2001

SCHEDULE 13 – OFFICE & ADMINISTRATIVE EXPENSE (continued)

Description (A)	Amount (B)
CHRISTOPHER MITCHELL	4 6 2
DAY SWING GRAVE PRODUCTIONS	1 3 8
GREYHOUND CHARTERS	6 9 5
INFINETIVITY	1 5 0
LINDNERS CLEANING	1 8 7
NETWORK SOLUTIONS	7 0
PINNACLE MARKETING	1 8 2
PITNEY BOWES	2 3 7
ST ANTHONY FALLS CORP	1 6 1
UNION GRILL	3 7
BERTELSON OFFICE SUPPLY	5 9 4 2
ADVANTA CARD	2 8 3
AMERICAN EXPRESS	7 7
IKON OFFICE	8 5
INTUIT	4 3 4
NET LITIN DIST	5 9
SCHWAAB INC	1 0 3
OTHER MISC	6 7 1

ORGANIZATION NAME:
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

ENDING DATE OF PERIOD COVERED:
12/31/2001

FILE NUMBER: 5 0 6 - 4 3 5

SCHEDULE 15 – OTHER DISBURSEMENTS (continued)

Description (A)	Amount (B)
BURIEL BENEFITS	5 0 0
BUTTON UP	4 5 0
TRAVEL,CONF. & CONVENTIONS	3 5 5 7 3
TELEPHONE	1 8 5 8 1
EDUCATION	7 9 3
FLOWERS/GET WELL	5 9 4
INSURANCE-LIABILITY	7 0 5 7
LEASE-EQUIPMENT	8 7 9 2
MAILING & POSTAGE	1 1 8 4 7
MAINTENANCE	5 0 2 0
MEETING & MEMBERSHIP	7 9 7 5
OFFICE RENT	3 8 7 7 1
MEMORIALS	9 2 5
PRINTING & PUBLICATIONS	1 4 2 6 8
NEGOTIATIONS	1 7 4 0
NEWSLETTER EXP	6 1 6 5
ORGANIZING	1 5 4 1 6
REFUNDS, PARKING, SUPPLIES, OTHE	2 1 8 6 3

ORGANIZATION NAME:

HOTEL EMPL, RESTAURANT EMPL AFL-CIO

FILE NUMBER: 5 0 6 - 4 3 5

ENDING DATE OF PERIOD COVERED:

12/31/2001

75. ADDITIONAL INFORMATION

Item Number

14

BETTS & HAYES, LTD
15500 WAYZATA BLVD. SUITE 740
WAYZATA, MINNESOTA 55391

ORGANIZATION NAME:
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

FILE NUMBER: 5 0 6 - 4 3 5

ENDING DATE OF PERIOD COVERED:
12/31/2001

75. ADDITIONAL INFORMATION *(continued)*

Item Number	
11	Minneapolis Culinary, Beverage & Miscellaneous Employer-Employees Trust Fund 2850 Metro Drive Bloomington, MN 55425 Minneapolis On Sale Liquor Pension Fund 2850 Metro Drive Bloomington, MN 55425 Office & Professional Employees International Union Loc. 12 Pension Fund 1380 Energy Lane St. Paul, MN 55108

ORGANIZATION NAME:

HOTEL EMPL, RESTAURANT EMPL AFL-CIO

FILE NUMBER: 5 0 6 - 4 3 5

ENDING DATE OF PERIOD COVERED:

12/31/2001

75. ADDITIONAL INFORMATION *(continued)*

Item Number	
14	Betts & Hayes, Ltd. 15500 Wayzata Blvd. #740 Wayzata, MN 55391